

Express Mail Label No. _____ Dated: _____

Docket No.: 09450/000K678-USO
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Mitsuru Akaike

Patent No.: 6,854,697

Issued: February 15, 2005

For: STOPPER DEVICE AND TELESCOPIC UNIT

Fee
6084

**PETITION (37 CFR 1.183) AND REQUEST FOR CERTIFICATE OF CORRECTION OF
APPLICANT'S MISTAKE (37 CFR 1.323)**

MS Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ATTENTION Office of Petitions

Dear Sir:

The above-identified patent contains an error that arose from an incomplete or erroneous assignee name furnished in item 3 of PTOL-85B. Failure to include the correct assignee name on the PTOL-85B was inadvertent. The error is of a clerical or typographical nature, the correction of which does not constitute new matter or require reexamination.

Applicant respectfully requests that the Commissioner waive the requirements of 37 CFR 3.81 to permit the correct name of the assignee to be provided after issuance of the patent.

Enclosed is:

- (1) Copy of the USPTO Assignments on the Web;
- (2) Petition fee set forth in 37 CFR 1.17(h) \$130.00;

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Adjustment date: 10/31/2005 AKELLEY
05/19/2005 WABDEL3 00000128 040100 6854697
02 FC:1462 270.00 CR -130.00 OP
10/31/2005 AKELLEY 00000006 6854697
01 FC:1464 130.00 OP

05/19/2005 WABDEL3 00000128 040100 6854697
01 FC:1811 100.00 OP

05/19/2005 WABDEL3 00000128 040100 6854697
02 FC:1462 270.00 DA 130.00 OP

(3) Fee set forth in 37 CFR 1.20(a)\$100.00; and

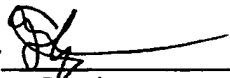
(4) Form PTO/SB/44.

The Commissioner is authorized to charge any deficiency of up to \$300.00 or credit any excess in this fee to Deposit Account No. 04-0100.

Applicant respectfully requests that the petition be granted and that a Certificate of Correction be issued.

Dated: May 16, 2005

Respectfully submitted,

By 

Flynn Barrison

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Attorneys/Agents For Applicant

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10-28-05</u>		2 Serial/Patent # <u>6,854,697</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	1FW	5-16-05	\$ 270 ⁰⁰							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 270 ⁰⁰								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>			0	4	--	0	1	0	0
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	No Fee Due (Explanation):										
Fee \$130 ⁰⁰ ; PAID \$400. ⁰⁰											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Derek L. Woods</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Derek L. Woods</u>		PHONE: <u>2-3232</u>									
OFFICE: <u>Petitions</u>											
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APPROVED: <u>[Signature]</u>		DATE: <u>10/31/05</u>									

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